

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Constitution Party National Committee

ADDRESS (number and street)

408 W. Chestnut Street

P.O. Box 1782

☐Check if different
than previously
reported. (ACC)

Lancaster

PA

17608

1782

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00279802

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joe Sanger

Signature of Treasurer

Electronically Filed by Joe Sanger

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Constitution Party National Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 2 | 8 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 5228.18 |
| (b) Cash on Hand at Beginning of Reporting Period | 7767.68 | |
| (c) Total Receipts (from Line 19) | 24867.88 | 50752.76 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 32635.56 | 55980.94 |
| 7. Total Disbursements (from Line 31) | 22432.71 | 45778.09 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 10202.85 | 10202.85 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 1204.30 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 9947.01 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Constitution Party National Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 2 | 8 | 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 4483.00 | 13760.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 20384.88 | 36992.76 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 24867.88 | 50752.76 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 24867.88 | 50752.76 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 24867.88 | 50752.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24867.88 | 50752.76 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share..... | | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 22432.71 | 45778.09 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡ | 22432.71 | 45778.09 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 22432.71 | 45778.09 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22432.71 | 45778.09 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 24867.88 | 50752.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 24867.88 | 50752.76 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 22432.71 | 45778.09 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 22432.71 | 45778.09 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Arthur M. Clark

Mailing Address 1920 Little Walnut Rd # A

City

Silver City

State

NM

Zip Code

88061-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.53865

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Allen Cornell

Mailing Address PO Box 312333

City

New Braunfels

State

TX

Zip Code

78131-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
information requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.54052

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Eric Gentile

Mailing Address 1102 Turner St.

City

Dewitt

State

MI

Zip Code

48820

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.53828

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Roseanna P. Gevelinger

Mailing Address 820 E 5th St

City

Galesburg

State

IL

Zip Code

61401-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.53967

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Roseanna P. Gevelinger

Mailing Address 820 E 5th St

City

Galesburg

State

IL

Zip Code

61401-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.54060

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Hemenway

Mailing Address N15 W22294 Watertown Road

City

Waukesha

State

WI

Zip Code

53186

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Service Master Janitorial Services

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.54103

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thom Holmes

Mailing Address 4449 East 99th

City

State

Zip Code

Chandler

OK

74834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Devon Energy

Occupation

Petroleum Engineer

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.53911

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thom Holmes

Mailing Address 4449 East 99th

City

State

Zip Code

Chandler

OK

74834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Devon Energy

Occupation

Petroleum Engineer

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.53912

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lorne J. House

Mailing Address PO Box 9548

City

State

Zip Code

Yakima

WA

98909-0548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kwik Lok Corp.

Occupation

financial controller

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.54036

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

495.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Daniel S Kauffman

Mailing Address 801 Mountainview Pl

City

Anderson

State

SC

Zip Code

29626-5129

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 5 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.53706

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Howard Phillips

Mailing Address 9520 Bent Creek Ln

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Conservative Caucus
FdtnOccupation
Chairman

Receipt For: 2006

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.54086

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joe Sanger

Mailing Address 4119 Thackin Drive

City

Lansing

State

MI

Zip Code

48911-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
C.P.A.

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.53428

Amount of Each Receipt this Period

143.00

In-kind - Accounting Serv-
ices

SUBTOTAL of Receipts This Page (optional)

1393.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Janice Searer

Mailing Address 4754 E Prospect Rd

City

York

State

PA

Zip Code

17406-8653

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.53829

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Raymond Trybek

Mailing Address 120 Hood DR.

City

Goldsboro

State

NC

Zip Code

27530

FEC ID number of contributing
federal political committee.

C

Name of Employer
information requested

Occupation
information requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.53957

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Mr. James H. Ware, Jr.

Mailing Address 1512 S Wood Haven St.

City

Baton Rouge

State

LA

Zip Code

70815-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.53531

Amount of Each Receipt this Period

815.00

SUBTOTAL of Receipts This Page (optional)

1675.00

TOTAL This Period (last page this line number only)

4483.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 24

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address P.O. Box 9001309

City
Louisville

State
KY

Zip Code
40290-1309

Purpose of Disbursement
Telephone Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.21

B.

Full Name (Last, First, Middle Initial)

AT & T Mobility

Mailing Address P.O. Box 6463

City
Carol Stream

State
IL

Zip Code
60197

Purpose of Disbursement
Telephone Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53408

Date of Disbursement

/ /

Amount of Each Disbursement this Period

121.66

C.

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 915 South 500 East, Suite 200

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement
Electronic Gateway Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53432

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.90

SUBTOTAL of Disbursements This Page (optional)

238.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

D. Scott Bartlett

Mailing Address 5905 W.Bakker Park Drive

City State Zip Code
Sioux Falls SD 57106

Purpose of Disbursement
Reimburse printing & mailing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53405

Date of Disbursement

/ /

Amount of Each Disbursement this Period

425.00

B.

Full Name (Last, First, Middle Initial)

CyberPerks.Net

Mailing Address 16 Birch Court

City State Zip Code
Lancaster PA 17603

Purpose of Disbursement
Website Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53406

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.00

C.

Full Name (Last, First, Middle Initial)

Damascus

Mailing Address 108 Meadows Lane

City State Zip Code
Alexandria VA 22304

Purpose of Disbursement
Database Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53407

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1172.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Frank Fluckiger

Mailing Address 1799 N. Highway 89

City
Layton

State
UT

Zip Code
84040

Purpose of Disbursement
Field Coordination Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53401

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2700.00

B.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address P.O. Box 660264

City
Dallas

State
TX

Zip Code
75266

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1540.10

C.

Full Name (Last, First, Middle Initial)

JAB Media

Mailing Address 10194 SE 147th Avenue

City
Portland

State
OR

Zip Code
97236

Purpose of Disbursement
Printing & Mailing Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

513.32

SUBTOTAL of Disbursements This Page (optional)

4753.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

JAB Media

Mailing Address 10194 SE 147th Avenue

City Portland State OR Zip Code 97236

Purpose of Disbursement
Printing & Mailing Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.25

B.

Full Name (Last, First, Middle Initial)

Gary Odom

Mailing Address 321 S. West End Avenue

City Lancaster State PA Zip Code 17603

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1408.82

C.

Full Name (Last, First, Middle Initial)

Gary Odom

Mailing Address 321 S. West End Avenue

City Lancaster State PA Zip Code 17603

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53397

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1408.83

SUBTOTAL of Disbursements This Page (optional)

2873.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Pitney Bowes

Mailing Address P.O. Box 856390

City
Louisville

State
KY

Zip Code
40285-6390

Purpose of Disbursement
Office Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.20

B.

Full Name (Last, First, Middle Initial)

Pitney Bowes

Mailing Address P.O. Box 856390

City
Louisville

State
KY

Zip Code
40285-6390

Purpose of Disbursement
Meter Leasing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53410

Date of Disbursement

/ /

Amount of Each Disbursement this Period

437.28

C.

Full Name (Last, First, Middle Initial)

Pitney Bowes

Mailing Address P.O. Box 856390

City
Louisville

State
KY

Zip Code
40285-6390

Purpose of Disbursement
Office Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53411

Date of Disbursement

/ /

Amount of Each Disbursement this Period

680.02

SUBTOTAL of Disbursements This Page (optional)

1157.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 24

| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Alison Potter

Mailing Address 41 Meadowburn Road

City
Vernon

State
NJ

Zip Code
07462

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53425

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3288.70

B.

Full Name (Last, First, Middle Initial)

Alison Potter

Mailing Address 41 Meadowburn Road

City
Vernon

State
NJ

Zip Code
07462

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53426

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3288.70

C.

Full Name (Last, First, Middle Initial)

Joe Sager

Mailing Address P.O. Box 1917

City
Willis

State
TX

Zip Code
77378

Purpose of Disbursement
Webmaster Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

6877.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 24

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Joe Sanger

Mailing Address 4119 Thackin Drive

City
Lansing

State
MI

Zip Code
48911-1920

Purpose of Disbursement
In-kind - Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

143.00

B.

Full Name (Last, First, Middle Initial)

Mary Starrett

Mailing Address 35775 Smith Rd.

City
Newberg

State
OR

Zip Code
97132

Purpose of Disbursement
Communications Director Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2367.75

C.

Full Name (Last, First, Middle Initial)

Mary Starrett

Mailing Address 35775 Smith Rd.

City
Newberg

State
OR

Zip Code
97132

Purpose of Disbursement
Reimburse Wireless Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53400

Date of Disbursement

/ /

Amount of Each Disbursement this Period

148.00

SUBTOTAL of Disbursements This Page (optional)

2658.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 24

| | | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 17398

City
BaltimoreState
MDZip Code
21297-0429Purpose of Disbursement
Telephone Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53394

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 4 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

441.24

B.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 212 East Maple Avenue

City
ViennaState
VAZip Code
22180Purpose of Disbursement
Bank Service Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53431

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 0 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

38.50

C.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 212 East Maple Avenue

City
ViennaState
VAZip Code
22180Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.53430

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 8 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

323.25

SUBTOTAL of Disbursements This Page (optional)

802.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 24

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A.

Full Name (Last, First, Middle Initial)

Danielle Warren

Mailing Address 586 East Front Street

City
Marietta

State
PA

Zip Code
17547

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

671.63

B.

Full Name (Last, First, Middle Initial)

Danielle Warren

Mailing Address 586 East Front Street

City
Marietta

State
PA

Zip Code
17547

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53398

Date of Disbursement

/ /

Amount of Each Disbursement this Period

716.35

C.

Full Name (Last, First, Middle Initial)

West Chestnut Associates

Mailing Address 408 West Chestnut Street

City
Lancaster

State
PA

Zip Code
17603

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.53403

Date of Disbursement

/ /

Amount of Each Disbursement this Period

510.00

SUBTOTAL of Disbursements This Page (optional)

1897.98

TOTAL This Period (last page this line number only)

22432.71

SCHEDULE C (FEC Form 3X)Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 / 24

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)

Constitution Party National Committee

Transaction ID: SC/9.6657

LOAN SOURCE Full Name (Last, First, Middle Initial)
Constitution Party of Texas

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3240 Blue-Bonnet Boulevard

City Brenham

State TX

ZIP Code 77833

Original Amount of Loan

5000.00

Cumulative Payment To Date

3795.70

Balance Outstanding at Close of This Period

1204.30

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 9Y Y Y Y
1 9 9 6

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1204.30

TOTALS This Period (last page in this line only) ▶

1204.30

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 / 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Internal Revenue ServiceNature of Debt (Purpose):
taxes

Mailing Address P.O. Box 660264

| | | |
|--------|-------|----------|
| City | State | ZIP Code |
| Dallas | TX | 75266 |

Outstanding Balance Beginning This Period

2400.99

Transaction ID: SD10.47279

Amount Incurred This Period

2822.73

Payment This Period

1540.10

Outstanding Balance at Close of This Period

3683.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NJ-Division of RevenueNature of Debt (Purpose):
taxes

Mailing Address P.O. Box 632

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| Trenton | NJ | 08646 |

Outstanding Balance Beginning This Period

294.99

Transaction ID: SD10.50301

Amount Incurred This Period

-58.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

236.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NJ SUTANature of Debt (Purpose):
Taxes

Mailing Address P.O. Box 252

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| Trenton | NJ | 08646 |

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.53421

Amount Incurred This Period

360.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.27

1) **SUBTOTALS** This Period This Page (optional).....

4279.89

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 / 24

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Constitution Party National Committee**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
PA Department of RevenueNature of Debt (Purpose):
taxes

Mailing Address Dept. 280415

City State ZIP Code
Harrisburg PA 17128-0415

Outstanding Balance Beginning This Period

255.00

Transaction ID: SD10.39789

Amount Incurred This Period

86.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

341.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PA UC FUNDNature of Debt (Purpose):
TaxesMailing Address Office of UC Tax Services
P.O. Box 68568City State ZIP Code
Harrisburg PA 17106

Outstanding Balance Beginning This Period

334.83

Transaction ID: SD10.52816

Amount Incurred This Period

326.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

661.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alison PotterNature of Debt (Purpose):
Salary

Mailing Address 41 Meadowburn Road

City State ZIP Code
Vernon NJ 07462

Outstanding Balance Beginning This Period

3288.70

Transaction ID: SD10.52810

Amount Incurred This Period

3288.70

Payment This Period

6577.40

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....

1002.74

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Constitution Party National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Response UnlimitedNature of Debt (Purpose):
printing, mailing & list
rental services

Mailing Address 284 Shalom Road

City State ZIP Code
Waynesboro VA 22980-9111

Outstanding Balance Beginning This Period

4526.00

Transaction ID: SD10.38691

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4526.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WachoviaNature of Debt (Purpose):
Taxes

Mailing Address 212 East Maple Avenue

City State ZIP Code
Vienna VA 22180

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.53419

Amount Incurred This Period

138.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

138.38

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4664.38

2) **TOTALS** This Period (last page this line number only)..... ▶

9947.01

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

9947.01

Form/Schedule: **F3XN**

Transaction ID:

All administrative expenses made for purposes of operating a political committee including, but not limited to, rent, utilities, salaries, telephone service, office equipment, and supplies are accurately reported. Any coordinated, independent and in-kind expenditures made this reporting period are included in this report. Best Efforts have been used to obtain occupation and employer information. Original solicitations include a clear and conspicuous request for the contributor information and do inform the contributor of the requirements of federal law for the reporting of such information. If the information is not provided a stand-alone follow-up request is made for the information. If information is obtained after a report has been filed an amended report will be filed.
